EVALUATION OF PATIENT IMPACT PROJECTS

Report of Findings

for Royal Pharmaceutical Society Wales

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SCOPE OF REPORT

This report takes account of the views and experiences of participants on the Royal Pharmaceutical Society Wales' (RPS) Leadership Programme which included a 'Patient Impact Project'. It is based on our analysis of data from questionnaires and a discussion group, all from the period January- April 2011. This evaluation needs to be seen alongside other evaluations of the broader programme.

As with any such research project, this study was only possible thanks to the contributions of the participants. Their willing engagement with the study, openness and honesty is gratefully acknowledged.

The report uses a thematic approach to analyse the different sources of data presented during the course of the evaluation. Conclusions are based on our understanding of the evidence presented to us by the respondents and any errors of interpretation are solely due to the authors.

Dr Mark Llewellyn and Professor Marcus Longley | May 2011

1 | INTRODUCTION AND METHODOLOGY

1.1 INTRODUCTION

The Welsh Institute for Health and Social Care (WIHSC), University of Glamorgan was commissioned to evaluate part of the Royal Pharmaceutical Society Wales' (RPS) Leadership Programme. Twenty-seven pharmacists took part in the programme, which included a series of Action Learning Sets and a Patient Impact Project (PIP). WIHSC's commission was focused on understanding the impact that the PIPs have achieved, and the challenges in delivering them.

1.2 METHODOLOGY

WIHSC took a qualitative approach to the evaluation in order to ensure that a deep understanding of the themes and issues arising was reached. Essentially, data was gathered from two principal sources:

Online questionnaire

The 27 pharmacist participants were asked to complete an online questionnaire in order to identify the impact that their PIP had made, and to provide more general comment on the course and the changes they identified for themselves after the sessions. 25 of the 27 participants completed the survey – a response rate of 93%. A list of the questions asked is contained in Appendix 1.

'Response to findings' workshop

In order to gain further insight into the views of the respondents, the interim findings were presented at a workshop, held at RPS Wales on 14th April. This presentation was followed by a period of deliberation wherein respondents were asked to consider the implications of the impact of their PIPs, as well as to think through how best to 'future-proof' the programme.

1.2.1 Analysis

A thematic strategy was employed to analyse the data. Answers were coded equally on the basis of what they said; none of the responses were weighted as more significant than any others and so all views are comparable in terms of their importance. Hereafter we review the sentiments and judgements of the evaluation respondents according to their comments. Verbatim quotations (*in italics*) are used to capture recurrent, or otherwise resonant, points of view. WIHSC does not necessarily endorse the opinions in question – quotations are only used to portray viewpoints accurately and clearly. The report is obviously not a verbatim transcript but an exploration of the themes and issues raised by respondents through the consultation process. So whilst encapsulating the main themes and highlighting the key points, the document seeks to be faithful to what was said by participants. To that end and in order to vividly hear the voices of respondents, the report deliberately includes a large number of quotations with relatively little by the way of comment or interpretation. Certain details have been removed from quotations in order to preserve anonymity.

1.2.2 Report structure

The structure of the following chapters mirrors that of the methodological approach as described above. Chapter 2 provides an account of the answers given to the online questionnaire, and Chapter 3 provides conclusions based on the discussions held at the workshop in April. The report ends with a number of areas for further consideration in the light of the evidence presented.

2 | RESEARCH FINDINGS

This chapter reports the findings from the online questionnaire that 25 of the 27 programme participants completed. There were two main sections to the survey: the first considered the outcomes from their PIP; and the second asked respondents to reflect more on the programme as a whole, and its impact on their professional practice. In order to hear the voices of the respondents as clearly and vividly as possible, the following sections deliberately provide a large number of quotations from participants with little by the way of interpretation.

2.1 EVALUATING THE PATIENT IMPACT PROJECT (PIP)

Participants were asked to comment on how far the projects had delivered against the original aims and objectives. Respondents were very forthcoming and candid in sharing their own stories and experiences.

2.1.1 Overall impact on patients

In terms of overall impact, a number of themes emerged from the analysis.

Better professional practice

The major impact identified by respondents was that the PIP had helped to improve and sharpen up their professional practice – whether in terms of compliance, Medicine Use Reviews (MURs), the cessation of unnecessary therapies and a range of other issues:

Patients are now counselled appropriately on how to use their device

In some cases patients have been found to be on inhalers that were not needed and subsequently stopped therapy

The project has resulted in patients on [medication] being actively targeted for an MUR and an increased understanding of community pharmacists of the pathway patients take through the service. This will enable them to have more effective and understanding discussions with patients and should therefore result in a better MUR

[The medication] is now reviewed daily, and stopped for patients who no longer require it

The embedding of good practice in healthcare settings and raising the profile in relation to safety aspects of [the medication] has improved the overall safety of patients. Patients' medicines are managed better from both a prescribing and dispensing perspective improving safety for patients

Having a pharmacist working as part of the clinical team allows dose amendments, the addition or deletion of items, drug therapy optimisation and advice on future medication management to occur early during the patients' admission

Ensuring medication is appropriately prescribed when admitted to hospital, reducing waste

The project has highlighted over ordering/oversupply of medications on repeat and has sought to address that by either directly altering the repeat medicine or requesting the patient attends the practice for a disease review. An example was one patient was identified who was receiving four inhalers per month where one would have sufficed, the quantity on repeat was immediately reduced and the practice made aware. The patient was then called in for a review with the GP and the issue resolved

Also carried out in the project was dose optimisation to ensure the patient was taking the correct dose via the least number of tablets, such as ensuring the appropriate dose of [medications]. Drugs were also stopped where appropriate e.g. [medication] where the stop-date had not been clearly documented

Changes to communication and increased awareness

Another major identified impact centred on the changed nature of communication between care providers – across different sectors and between different organisations – coupled with a general increasing awareness of the role that pharmacists might be able to play:

The quality of information transfer is being improved and a pilot to involve community pharmacists to do targeted MURs for patients is currently underway. Guidelines have been produced by secondary care pharmacists and previously these would have had a secondary care bias but due to the closer collaboration between primary and secondary care, greater emphasis has been on GP prescribing. Education of GPs by hospital consultants has occurred, though the impact of the guidelines in primary care is yet to be assessed

We have been working with the pharmacy and IT departments in the local hospital to improve and standardise discharge letters

We have facilitated discussions between community pharmacies and [institution] to resolve issues. Often the [institution] is not aware of the different options available in their medication supply. They have been provided with 'green bags' and advice on what medication and information to send into secondary care with residents. This should ensure that all relevant information stays with the resident while they are in hospital

The reconciliation of medicines on admission and at discharge supports accurate communication, both from and to primary care. It also prevents delays in discharge due to medication issues. A recent example of this was seen when a patient was admitted on [medication], the dose of which had recently been changed. This wasn't picked up on admission and a higher dose was prescribed. Clinical staff estimate the length of stay was increased by four days – this would not have happened with a pharmacist reconciling the medicines

One useful piece of evidence was that dispensed medication often did not reach the patient. This evidence allowed me to ask for a visit by a pharmacy porter which was agreed and now we have a twice daily visit. Therefore, patients receive their medicines in a timely manner and it is less likely to go missing

The PIP has highlighted that patients/customers have very little idea what services community pharmacies can offer, and even if they have heard the 'name' of certain services they do not actually know what the provision entails. It has provided a good starting point for using the views of patients/customers in the planning of, and better patients directed, 'pharmacy needs assessments'

Nursing awareness is vastly improved and senior nurses are now trying to ensure juniors are aware to transfer medication

Improved efficiency and reduced errors

Next, respondents noted that through the PIP they had achieved much greater efficiency in delivering their services. Linked to this was the sense that more efficient and well-run services had fewer errors and protected patients more effectively:

Efficiency of medicines delivery has improved as the vast majority of the prescriptions are sorted out one day and in advance therefore when patients say "I have run out" there is no rushing around trying to organise a prescription

Good practice was embedded by introducing a two year cycle of audit which introduced more process into prescribing and dispensing [medications] safely

With clearer procedures, less time is wasted in the clinic setting. This leads to shorter waiting times for patients and a lower level of stress for pharmacists

I have a discussion regarding medication on a regular basis with the prescriber in the team. The patient's own medication is always re-used when possible. {Staff] are able to largely leave the medication issues to me and as a result this improves efficiency

There is much less time spent chasing doctors to amend medication on admission, change doses to optimise therapy, prescribe in clinic and make additions or amendments at discharge

The [new way of working] is helping to meet the increasing demands for a quicker patient turnaround and the increased workload this creates in the face of cost saving demands. It is helping to work towards reducing junior doctor working hours while still keeping the system safe

Errors in prescribing are now more likely to be discovered and lessons can be learnt from these rather than go unnoticed as before

Patients have better access to their prescribed medication and therefore, fewer doses are missed

Ensuring that patients' own medication follows the patient means it is not left in their previous locker for another patient to be given incorrectly

Accurate medication reconciliation on admission has ensured that the patient has continuity and has reduced missed doses of regular medication

Return on investment

A number of respondents were able to provide a measure of impact in terms of the return on investment they had demonstrated. For some this was identifiable in financial terms – for others it was noticeable in a range of perhaps more nuanced ways:

The project is still very much in the early stages but has generated projected savings of £13k so far

We suggested a large number of prescribing changes – adding medication, stopping medication or dose changes – and made 297 interventions in total. The estimated annual savings of the accepted changes is £4,722 or £143 per resident

The results at the nine month stage have seen 120 patients reviewed, 211 interventions made, 19 reduced hospital admissions and savings in the region of £19,000

The new approach which is far more clinically driven, has contributed to reduce waste in the system which prior to the audit will also contributed to increase to our medicine budget

Different administration methods may allow for cost savings for some treatment regimes but cost for other treatment regimes may be higher due to more expensive drug costs necessary for single daily administrations outside hospital vs multiple daily administrations in hospital

The PIP has reduced waste of occupied beds and hospital nursing time by patients who are well enough to be managed in the community

Limited or no impact reported

Respondents were honest enough to acknowledge that the news wasn't entirely positive. A considerable number remarked that it was either too early to tell and couldn't identify impacts, or that for other reasons their PIPs had been delayed and/or only partially completed:

The lengthy approval process has delayed timescales. It is too early to assess outcomes

The project is shortly to be implemented so at this time it is too early to assess any direct outcome in relation to patients

The process of delivering on my PIP is on-going. Work is being undertaken – e.g. business case development, options reviews etc but the problem is not solved

The impact has thus far not been measured due to the delays in getting started. We are still collecting data since we did not start early due to unforeseen circumstances. However from the data so far collected, it is very difficult to know the long term impact of the project after patient is discharged from hospital unless the patient is re-admitted later to the hospital

The PIP is still ongoing, as the resource has not been finally agreed

The original aim has been partly completed

During this year, my PIP has not taken off the ground at all!

Different reasons were offered by way of explanation, variously described as a series of blocks on progress – whether political, technical or cultural:

Progress has been slightly delayed during the reorganisation of the NHS and appointment of new Health Board chief pharmacists and a new chief pharmaceutical officer

The consultant who was in charge of the team was not involved in the discharge form and did not have ownership. With hindsight he should have been involved before the form was used

Due to problems with the launch of the hospital discharge documents the project is still in progress

The PIP is still in process as since switching [regulators] we have had to do additional work and the reaccreditation meeting will now be held in May 2011

We are continuing to further the project over the coming months by removing obstacles caused by some individuals

It has been limited due to the resignation of my area manager and severe staff shortages

The major benefit of this project on patients has yet to be realised. This is in part due to the fact that it soon became apparent that to successfully complete this work and enable it to be implemented we would require a consultant on the multidisciplinary group I was leading

The delay in implementation has been for a number of reasons including failure to get funding for a pharmacist as part of an invest to save bid, guidelines needing amending and acute staff shortages have diverted my time. All of these were independent of the leadership course

Organisational change has increased the number of individuals involved in the decision making process and brought conflict between sites that work very differently. This is being worked through but slowing down processes somewhat

The theory is still good and two of my three consultants are very happy to support this but the senior consultant has not approved the project. I am slowly working to circumnavigate this person

2.1.2 Impact for the organisation

In addition to the overall impacts identified above, respondents specifically noted a number of issues that were pertinent to their sponsoring organisation. Firstly they noted that better collaboration across sectors and within multi-disciplinary teams had led to waste minimisation:

The use of patients own medicines, currently discarded on this site has reduced waste

Currently evidence shows that 30-50% of medicines are not taken as intended

Closer collaboration between healthcare providers across primary and secondary care has worked and has the potential of reducing waste for future projects

Less medication has to be re-dispensed as the original packs follow the patient to the ward. Drug histories are easier to take as the patient has their medication with them. This reduces pharmacy staff time. As the medication follows the patient through, less has to be dispensed on discharge and this reduces waiting time for discharge prescriptions

Linked to this was the sense that better communication had impacted positively on hospital acquired infections: '*The new way of working reduces the risk of patients acquiring hospital acquired infections whilst unnecessarily in hospital. It reduces the risk of patients transferring their infection to other patients who have to be in hospital when the infected patient doesn't'*. Improving poor administrative practice was also identified: '*A reduction in poor administration has resulted, alongside more support for patients with poor memory from [services]. Blood tests are followed up in a more timely manner post discharge – old drugs are removed to prevent using old and new medications'*.

Finally, respondents noted that their PIPs had helped to reduce the 'postcode lottery', an all too-common feature of the NHS:

The PIP reduces the inconsistency whereby many English hospitals provide this service and patients on the Welsh border managed by Trusts in England have this set up using Welsh district nurses but areas further into Wales do not

The reviews also identified variation in prescribing between practices which were then raised with the prescribing lead GP to action

2.1.3 Ambition and intention for the PIP

When asked about their current ambitions and intentions for their projects, two themes emerged from the questionnaire responses. The first centred on the need for 'buy-in' to both the process and outcomes of their PIP:

The next leadership challenge will then be steering the department through the process of actioning these proposals and achieving the desired outcomes

Continue to further the project over the coming months by removing obstacles caused by some individuals. Drug protocols for administration via various mechanisms in the community need to be drawn up for practical agreement with other members of the [team]. Referral processes and clinical responsibility for the patient needs to be ironed out. Collaboration with UK initiatives to record outcomes is also needed

I still need to get a consensus from all the clinicians involved to enable the policy to move forward. The policy is agreed across the Health Board now, but is only followed by clinicians to varying degrees

I am hoping that having seen the data from [place], where the project is based, [the organisation] will consider rolling it out as a useful tool to direct the development of services and customer care

The second theme focused on the vertical integration required to enhance and further the aims of the PIP: *'I have increased involvement of community pharmacists to carry out targeted MURs as assessment in hospital is not the most ideal environment. I'm using this project as a stepping stone to more closely integrate primary and secondary care'*; '*Work is in progress with Strategic Leads who are enthusiastic about taking this further and continued linking of all community services – making pharmacy medicines management and essential component in improved patient care in the community'*.

2.2 OVERALL CHANGES

In addition to specific questions on their PIP, the pharmacist respondents were asked to comment more broadly on the overall impact that the programme had made to their leadership practice. A number of themes emerged from the analysis undertaken.

2.2.1 Leadership challenges

Principally, respondents noted that despite the very positive influence that the course had on them, there still exists a series of challenges for them as leaders. Several issues in particular came to the fore.

Securing and maintaining the consent of other professionals

By far and away the greatest leadership challenge identified by the pharmacists was in respect of engaging with those outside their typical sphere of influence, and more broadly exhibiting influence and authority:

Networking across the primary, secondary and tertiary health provision borders was rather daunting at first but having taken the initial step of making presentations to both the 'uninformed lay man' and my 'interdisciplinary colleagues' I have found that with the project as my 'springboard' or 'talking point' the potential for leadership in the area relating to my project is huge

Trying to get the consultant interested and on board with process after accepting that potential impact would be diminished without consultant involvement

The challenges for me were believing I had a good idea, getting this recognised within the existing management structure and developing relationships outside of pharmacy We encountered challenges from the [senior manager] who was keen to outsource the [course]. It meant that we had to get a robust case in order and to return the challenge back as to why [they] didn't want to continue with our [course]. Through perseverance and a comprehensive case we managed to win over the [senior manager]

Trying to be heard in a multidisciplinary group of established strong leaders has been my biggest challenge. Everyone is very busy, and trying to make [medication] their priority (even for an hour long meeting) has been difficult

Making sure senior staff are behind the message is the most important factor in encouraging culture change as they encourage their junior colleagues

I need to ensure that I devote my time to producing quality outcome data for specific projects with stakeholders who are easier to work with in order to use it as a springboard to influence those more difficult individuals, rather than spreading myself too thinly

Actually delivering change in the way information is completed depends on the way that clinicians work. There needs to be a change of process right down to the secretary involvement in order for change to happen

Certain nursing staff felt that any medication related issues should be sorted out by pharmacy only. Getting the message across has been difficult to achieve in certain circumstances. A culture change was required and in many cases, nurses are becoming more responsible for patients own medication

Trying to effectively engage with people outside my usual sphere of influence has been my biggest challenge. This has involved trying to effect change in an environment where I'm not known and so I have to build trust from scratch

My biggest challenge has been a consultant with another agenda to my own. Despite coaching and discussing this with colleagues, I have been unable to counter this. I have realised from the programme to accept defeat and am learning ways to deal with this and methods of circumnavigating my challenges

Maintaining a good relationship with our clinical lead is very difficult

Working with a consultant who has very strong opinions and is quite dictatorial is difficult

In trying to standardise regimens and practise from two different hospitals I have found that asking people to accept changes can be difficult as they see this as criticism. This was especially relevant when upgrading guidelines to policy when consultant challenged content on several occasions. Two group members took this personally and I had to spend some time discussing the process we were going through and the benefits to keep them on board and maintain their enthusiasm

The nature and structure of business in the NHS was offered by way of a partial explanation as to why some of these barriers existed:

Accepting the difference in pace within the different organisations is difficult

The NHS re-organisation meant structures have been uncertain and decisions have been very slow

Leadership by delegation is not leadership. Having influence and authority is necessary to drive change. It is difficult to know who the main drivers are for change

Finance based leadership of the NHS is a significant challenge as managers have to justify their utilisation of resources on quality issues which don't immediately release dark green dollars

In addition, a specific issue around the relationship between change and the pharmaceutical industry was raised: '*There has also been unexpected resistance to the guidelines as a result of drug rep pressure on consultants which needed to be resolved*'.

Having enough enthusiasm, energy and time

Of almost equal importance was the fact that respondents were challenged by the amount of effort required to deliver their PIP, as well as their 'day-job':

Maintaining enthusiasm both personally and within the team has also been a challenge which I'll admit has not always been successful

Trying to drive the project forward in a climate where workload is increasing exponentially and the focus is almost entirely on cost savings against a background of NHS change where personal job

security is still unknown and line management is changing or non-existent is hard. Not a good year to focus on this course

The biggest challenge is to maintain motivation between [programme] days, especially with the pressures of day to day work

Time management – reviews are very time consuming, given the numbers of patients taking 10+ medications. This has become part of my job as the reviews have become integrated into the local medicines management targets for GP practices but still is a large time commitment for all pharmacists carrying out the reviews

Working in community pharmacy means that the work-load is so huge, that running any project is a huge challenge, so time management has been a major challenge

Making time during my busy working environment to keep committed to process

Time pressures led to the project never taking a high priority during my working day

Keeping focused on the end results and what we are trying to achieve – not getting sidetracked with other issues

Time management including time spent on the project and during the project the time spent recording data vs. carrying out reviews

Ensuring alignment with strategic direction

The 'need to see the big picture' was identified by respondents as a real challenge in the delivery of their PIP, and more generally in their roles:

Sometimes you need to step back and assess the whole picture. As a leader it can be as beneficial to admit one is not able to achieve all ones' objectives, but one can continue to look for the positive outcomes and small gains

Until all pharmacists step out of their silos and see the 'Big Picture' following the patient journey and understanding patients better, patients will still be harmed

Needed to ensure that any changes resulting from the implementation of [the new role] were in line with the strategic direction of both our own health board and also WAG

A greater understanding of how myself and my team fit into the bigger picture

A paper on the 10+ medications review was submitted to the medicines management board and incorporated into the national [programme]. Based on this paper polypharmacy reviews were listed as one of the top 10 recommendations for LHBs to target in 2010 and also as one of the on-going performance accelerator targets

Stepping back from overall control

Being challenged to delegate more effectively, as well as cede control to others in appropriate circumstances, was commented upon. Pharmacist respondents made the following observations:

Once the consultant was on board accepting I would be required to relinquish some control over process was a real challenge

I have had to overcome frustration with the speed of progress of this project at times but it became apparent that the impact of the group's work would be much diminished without input from the consultant and access that they can give us

Not being able to complete the project within time frame due to external issues has taught me patience as a leader, sometimes you need to step back and assess the whole picture

It has also involved me in trying to do the best for the group objective sometimes to the detriment of my own personal wishes and feelings

My main leadership challenges have been confidence in the face of those I often falsely perceive as having more "right" to an opinion and the need to ensure that others take responsibility rather than stepping in and overwhelming myself

I am learning to delegate and give responsibilities to colleagues for them to take on audits and other tasks

Moving from a style of 'manager' to leader

Bureaucracy

Finally, a range of bureaucratic and administrative challenges was noted:

Bureaucratic procedures for policy approval have been barriers

Delay in setting up the approval mechanism for policies/procedures in a new organisation

[Managers] are often restricted by the policies and procedures of the company they work for and cannot individualise processes to allow for local differences

Mixed with rigidity within management structures and pressure to get the day job done has stifled my creativity and innovation over the years

Also the requirement to keep producing a business plan that was essentially the same throughout, but needed updating or changing depending on the recipients

2.2.2 Opportunities identified

Alongside the challenges, participants also suggested a number of more positive opportunities that they had identified after the programme. For a number of respondents, the generic benefits of the programme were obvious:

It made me approach individuals with greater confidence than I would've done before the course. It also encouraged me to be more challenging

The need to acknowledge success not only in myself by in others has been an important learning point. I have used this particular learning to good effect and feel it has made quite a difference

Leaders need to be credible, this project is linked solely with patient safety and quality and therefore the message has been relatively easy to sell, getting people to realise that there is a problem has been difficult on time , but generally all practitioners have responded well to our requests to review their practice

Therefore, I found to get the message across, I learnt how to judge the appropriate time to ensure the message gets across. In some cases, it was necessary to implant a new process with only a limited number of people being told. So long as the process was simple and the promotion material placed in the relevant area, they were quickly taken up

More specifically, the principal opportunity and benefit identified focused on the new partnerships that had emerged from the scheme. Respondents often saw this in terms of more effective collaborative working:

Development of my interest in PIP is now growing and I hope by summer to undertake another audit in collaboration with one of the consultant

Senior medical and nursing teams recognising they need to work with me to get the service we want

Opportunities to identify this initiative and prove that the primary care contract can, when used synergistically, produce excellent results and services for patients. Finding a way to get this message out there, linking up with new intra-organisational networks

The opportunities for more collaborative working if we get this right are huge. I believe Community Pharmacy has an integral part to play in the delivery of the wider NHS agenda and delivering this scheme would enable us to show that with some evidence

Opportunity to work across primary and secondary care interfaces

As a leader I need to be very aware of 'taking people with me' rather than 'blazing ahead' with huge enthusiasm in a way that might find me in the company of a few fellow enthusiasts and not many other people!

The project group has recruited a keen community pharmacist to take part in a pilot of assessing patients which will be rolled out if successful

It has also involved me in assessing what is the best way to challenge different people in different circumstances in order to obtain best outcome for team

Linked to the theme above, another benefit that was derived from the programme centred on having the opportunity to listen to a new set of voices:

The networking within the [group] has been strong and we have been able to link into each others' projects, to bring elements of various peoples work to our own day to day 'jobs'

Networking opportunities have been invaluable both in terms of the project ideals and my own personal leadership goals

It has been very useful to participate in this course with pharmacists from other sectors of the profession. It has allowed us to build links between pharmacists in [the region]

Good opportunity to link with other members of the multidisciplinary team including general managers and community staff

Personally taking a lead on the project and writing the papers publicising the project which has led to making links with other departments/health boards to share experiences and advise on starting the project

2.2.3 How could pharmacists enhance their impact?

The final section of the questionnaire asked respondents to reflect on what would need to happen in order for the profession to optimise its impact. Five major themes emerged when these answers were analysed.

Get your voice heard

For significant numbers of participants, ensuring the pharmacists' voice is heard more powerfully through debates was identified as important. They felt this could be achieved either by being more forthright and/or more prepared to take risks in ways that would not have been envisaged before the programme:

The learning from the leadership programme has I feel made me a better, stronger leader more ready to "stand up and be heard", more confidence to voice my opinion and in myself and my own abilities

This leadership journey has required me to show more determination in sticking with an agreed plan but also to show some flexibility to try and move it forward

All pharmacists representing our profession need to be leaders, to set an example and be courageous enough to represent our profession in potentially intimidating environments. An esteemed ex-healthcare "manager" who presented early in the course said of pharmacists that they never give him any trouble, never banged on his door and was quite challenging to the group. Pharmacists are excellent healthcare professionals and now need to bang the door and integrate fully so that "managers" of the above ilk who obviously have not explored getting the best out of the resource they had, get the message that our profession can and already does, contribute hugely to the healthcare agenda

In terms of leadership it is sometimes a battleground to get your voice heard. Pharmacists tend to think alike but may have different views on how to do things. I used to back down and withdraw if I am not getting heard

As a pharmacist I feel I have stepped up professionally to lead this project and others involved in the project to showcase what pharmacists can do. I feel other pharmacists need to take this step to demonstrate to others and other professions what pharmacy can offer. Without this pharmacy will remain on the whole a profession which is reactive to a doctors work instead of taking forward new initiatives

I'm taking small steps so far on my leadership journey. I need to take the plunge and become more visible and willing to take risks. Change needs to occur in the organisation and this can only occur if individuals such as myself are willing to radically change. There are risks in the current financial climate but these risks bring opportunities that I am in a prime position to explore and develop. I just hope that I'm brave enough to have the conviction to do so

I need to sell myself as a pharmacist and a leader more and have confidence in my skills

It has fundamentally changed the way I think, in terms of allowing myself "no excuses" and to "just get on with it!"

I believe that if pharmacy does not 'grab' the opportunity it has been given now because of the climate of change and redesign, we may not be given the chance again for many years. I also believe that the professional body, unless it can actively demonstrate to the profession that it has an important role in helping pharmacists have an impact in service change and integration it too will not be given such a good opportunity to do so

Communicate more effectively

There were two particular issues identified when it came to the overall theme of pharmacists communicating more effectively. The first of these centred on a need to improve information transfer – between pharmacists in different settings, and between different professionals, often those in the same team:

There needs to be much better information transfer from secondary to primary care and vice versa, including involvement of community pharmacists. In addition, failings in the system needs to be formally identified and steps taken to address these

Community pharmacy needs to be consistently proactive in contacting GPs where potential harm in prescribed medicines may occur – this will raise the profile of pharmacists as the experts in medicines and improve relationships between professions

Communication between everyone involved in patient care must be improved to reduce harm. The 1000 lives campaign focused on specific areas but the problems are systemic. Incompatible IT systems between primary and secondary care cause problems – accurate information is not readily accessible

It would reduce harm significantly if we in secondary care could access primary care's patient information rather than rely on verbal transfer of information

Providing community pharmacists with limited access to test results etc. would mean the MURs could become a more valuable tool in identifying potentially harmful situations. The MURs could then be filtered by the prescribing advisor so the GP only receives the most important which need GP input thus improving the standing of MURs

The second element straightforwardly focused on better sharing best practice, much of which had been developed through the process of the PIPs:

Sharing good practice across Wales is a must

Needs to be a strong communication network to ensure best practice is shared and recognised as the 'norm' to be aspired to within the profession. Systems should be in place to monitor developments and celebrate successes

Highlight the contribution of pharmacists in order to reduce harm. Need more regular feedback on interventions and actions carried out by pharmacists that reduce harm

There are many individual projects relating to pharmacy in practice. Most do not get published and often as they are small audits, they do not get much recognition on a national level. It would be useful for pharmacists from each area in the country specialising in the same field to share their data and good practice

Celebrate the added value of pharmacy involvement

It was noted that the contribution of pharmacists needs to be more readily identified and celebrated if the profession were to enhance its status. There were two particular strands that emerged. The first of these was around ways in which pharmacists could positively impact on the 'culture of waste' within the NHS, and by extension contribute to safety and clinical outcomes for patients:

Pharmacists must contribute to the waste agenda and evidence that resources are effectively utilised, professional leadership within pharmacy must take pharmacists and place them at the heart of effective medicines management

Schemes need to be identified to encourage patients not to hoard medication and increase use of patient own drugs in hospitals. There is an overall culture of waste in the NHS by both staff and patients which is in dire need of being addressed

We all need to work together on adherence issues – these are multifaceted and there are no simple solutions

The pharmacy contract needs to move from payment per item to remove the disincentive for pharmacists to identify and reduce waste. This will improve tensions between pharmacists and

GPs. Primary care and secondary care pharmacists should to continue to work with clinicians to improve cost effectiveness and reduce waste

There needs to be more re use of patients own medication. If patients are unwilling to take medication then we need to listen and stop issuing repeat prescriptions

The issue of medicine waste is dear to my heart during the past year which may due to variety of reasons. This problem means that significant quantities of medicines are costing the NHS millions of pounds. I have now developed interest in talking to stakeholders to reduce medicine waste in the system

Pharmacy now needs to concentrate on selling the message that whilst we are excellent in effectively managing a drugs budget, we add untold added value in terms of improving patient safety and clinical outcomes (where the real cost savings are made)

The amount of waste in medication and resources is hidden. I think that care pathways are key to ensuring that pharmacists know where to best focus their skills and not duplicate what is being done or could be done by other staff

I found that small changes to large numbers of patients can reduce a significant amount of waste. Also, small changes to reduce time and quality for actions that are performed frequently can also cause large service improvement

A second set of issues centred on raising awareness of the offer from pharmacy, as well as more effective integration of the profession in what is provided:

I still don't feel that the public or boards necessarily understand what we do sufficiently. I think a major publicity campaign is needed but also that pharmacists should take advantage of every opportunity available, working without funding if necessary (until outcomes can be demonstrated) to maximise people's knowledge of us

Too often we are seen as obstructive. Views of the profession need to be converted through practical experience of pharmacists who provide solutions to problems in innovative ways. However, people need to be willing to give us those opportunities to start with

Pharmacy needs to be recognised as an important part of any organisational change at the outset and not considered as an "afterthought"

RPS needs to work to integrate and represent all sectors of pharmacy; I don't think the "what's in it for me?" has been answered (it hasn't for me) and lack of a strong leadership body will result in pharmacy developments being profit led and un-integrated into the health service

Develop better partnerships

The next major identified theme focused on developing better and more sustainable partnerships both within and without pharmacy, whether in working across boundaries, or multi-disciplinarily working within extant professional teams:

Whilst community, primary and secondary care pharmacists all have different aspects to the day job, fundamentally it is one profession and we should be able to work across the interfaces with ease and comfort – bringing new knowledge and perspectives to each speciality

Pharmacy needs to improve its PR with other healthcare professions and ensure that it has a clear defined role

We need to break down the barriers between primary, secondary and community pharmacists. More collaborative working and also more cross sector training at early stages in careers

Different surgeries seem to have different ways of working and it would be of great help that all worked the same. For example some are more than happy to issue repeat prescriptions from a health professional others are not

All pharmacists would benefit from cross sector leadership and development training of some sort

Pharmacists need to help to eliminate the variation in patient care between acute and chronic settings; between the well informed/ and the poorly informed; across the boundaries that patients have to cross e.g. from secondary to primary to tertiary care

Pharmacy needs to work in partnership with other parts of the organisation and not on its own from the outside

Value positive development opportunities

Overall, respondents made it clear that the chance to reflect on their practice, network and be supported by peers and learn new skills was precious, and something that they valued dearly. The importance of such schemes, in their view, was clear:

From a personal development point of view the leadership course has had a huge impact on me

I was successful in a job application which resulted in me taking up a part time position with a different LHB. This split 50:50 post therefore meant that I had 50% less time at my original base to progress this project. This, interestingly, was wholly down to the leadership course. I would have been unlikely to have applied for the job if it wasn't for my coaching session with [coach]

I have re-discovered my "creative" side which had become suppressed following years of scientific study and ways of working. This has given me a new and different strength to use in my leadership role. I believe the project, the leadership course and the learning points from it have been a pivotal turning point for me

I feel I am now much better able to undertake and deliver my leadership role having undertaken this leadership course

This course has been invaluable to my leadership development. I have learned much I didn't expect as well as thing I did. For pharmacy to take its most useful and effective place in patient care this type of course and learning is essential.

The work I have done through the project, and the increased 'validity' the leadership programme and other developments seem to have 'endowed' on me as a pharmacy professional, seems to be opening up new opportunities all the time.

The process of planning, implementing and reflecting on my PIP has definitely helped me focus on issues covered during the leadership course. I feel I have utilised skills which I have acquired and developed over the nine months since beginning my leadership journey

I feel the course has helped to develop me into a more proactive person seeking out opportunities and striving to exploit them to their full potential. I have also dropped the negative "tried it - did not work" approach and view each new idea with a fresh open mind; overall it has developed my confidence in my own ability and potential to reach my goals

I have been able to reflect on style of working and improve performance in relation to leadership

3 | CONCLUSIONS AND AREAS FOR FURTHER CONSIDERATION

3.1 OVERALL FINDINGS AND CONCLUSIONS

3.1.1 Key issues and themes

Taking all of the answers from the two sections of the online questionnaire together, and after analysis, four main themes emerged (detail on each of these is provided in Table 2 overleaf):

Benefits being realised

There was considerable evidence of better professional practice reported during and after the PIPs, whether in terms of standardising service models, improving service efficiency or delivering a return on investment;

Behaviours helping achievement of benefits

Respondents were able to identify a series of behaviours, attitudes and approaches that helped achieve impacts such as securing and maintaining the consent of others, working collaboratively both within and without the profession, and engaging with new networks, people and ideas;

Barriers inhibiting performance

In addition participants were honest enough to recognise that a series of barriers existed which restricted what was able to be achieved including poor communication between providers, not having enough energy, enthusiasm and time and not being able to progress as planned;

Implications for the profession

Thinking about the future, respondents noted that greater confidence in being heard and taking risks, an enhanced professional status, and greater awareness among colleagues of pharmacy's offer would have tangible benefits.

3.1.2 PIP and the programme

In order to see the links between the learning on the programme and the PIP, the pharmacists were asked how strongly they would agree or disagree with a series of statements in relation to their project as below:

Table 1 | Key themes emerging from online responses

Statement	Cohort Average[1]
Having to complete the PIP as part of the programme was an integral part of my development as a leader	**3.30**
I can draw direct links between the learning on the programme and delivery of the PIP	**3.43**
I would never have made the PIP work effectively without the learning from the programme	**2.86**

[1] n=25 responses. These are calculated based on a five-point Likert scale which was scored as follows: Strongly agree = 5; Tend to agree = 4; Neither agree nor disagree = 3; Tend to disagree = 2; Strongly disagree = 1.

Table 2 | Key themes emerging from online responses

Overall descriptor	Constituent elements	Content
Barriers inhibiting performance	Potential and actual barriers to success	Blocks on progress including achieving buy-in, vertical integration, bureaucracy, inflexible management structures and having a mindset closed to change
	Communication between care providers	Improvements and challenges to improved information transfer - primarily between the community, primary and secondary care - but also between public and private providers
	Impacts cannot yet be identified	Such issues as 'too early to tell', 'don't have the right data to determine impacts', 'project delayed', 'project only partial completed' and others
	Having enough enthusiasm, energy and time	Concerns about the lack of human resources available to deliver PIPs in some cases in addition to the 'day job'
Benefits being realised	Better professional practice	Increased compliance, better MURs, stopping unnecessary therapies, reduction in postcode lottery and others
	Standardise service models and practice	Reductions in unjustified variation across areas as well as equalising professional practice to reduce errors and hospital acquired infections
	Evidence of return on investment	Impacts determined in terms of both financial and human savings for projects and comments on potential implications for the future
	Improved service efficiency	Evidence suggesting that the impact has reduced poor administration and generally improved the efficiency with which services are run
Behaviours helping achievement of benefits	Engage with and secure the consent of others	Pharmacists exhibiting influence and authority with those outside the typical sphere of influence who need to be convinced to secure buy-in
	Identify new partners and working collaboratively	Working effectively across boundaries - whether disciplinary, organisational or sectoral. The element of collaboration includes stepping back from overall control when appropriate
	Positive development opportunity	Programme and PIP offered an opportunity to make the transition from a manager to a leader, time to reflect, facilitate better delegation, acknowledge successes and others
	Benefit of engaging with new networks and ideas	Value in having the opportunity of listening to other voices, sharing best practice and exploring innovative work practices
Implications for the profession	Greater confidence in being heard and taking risks	Being much more forthright in getting voice heard and being prepared to take risks, as well as seeing the 'big picture' more effectively
	Enhanced professional status	Need to integrate pharmacy profession more effectively, recognise that pharmacist involvement = added value and develop leadership to address these problems
	Increased awareness of pharmacy's contribution	Outcomes focused on raising awareness of patients and other stakeholders of the range of services that can be provided

3.1.3 Overall impact: your assessment

The following table provides our assessment of the impact of the PIPs. It is based entirely on the information provided in the 25 sets of responses received via the online questionnaire:

Table 3 | Overall impact of the PIPs

Description	Number of PIPs
All objectives achieved	0
Most objectives mainly achieved, on-going	4
Many objectives achieved, on-going	11
Some limited progress, on-going	8
Negligible progress, now stalled	2

3.1.4 Responding to the findings

In order to validate and test these findings, these three assessments (3.1.1-3.1.3) were presented to the pharmacists at a meeting at RPS Wales in April 2011. During the session they were given the opportunity to clarify any of the conclusions drawn and to discuss the implications for both themselves, and for the future of the programme. They were asked to undertake two specific tasks.

Accounting for the findings

In the first of these, and on the basis of the data and their experience of delivering the PIP, the respondents were required to think about how they could account for the successes and frustrations represented in the data (the 'why and so what' questions), and what these findings might mean for these and future PIPs? In no particular order the quotations below give a sense of the discussion:

Pharmacists are always a bit humble about what they might achieve

Did we envisage that all objectives would have been achieved in the time we had available?

We wanted to finish things even though we recognised part way through that this wasn't the best method for achieving the aims

Restructuring the NHS had a bit of an impact on strengths and weaknesses – the lack of direct line management gave freedom (positive) but a lack of someone to go to (negative) when you needed it. Overall it was a positive

It was difficult to get policies agreed without a line manager

Is progressing a project the same thing as progressing you as a leader? The whole point of the project is a means to an end – it's more important to develop pharmacy leaders than it is to develop the objectives from a project

Chaos is an opportunity…'I just didn't know who to ask'…and then you get on and do things

If projects required moving monies and having resource, this might be easier into the future once we've got used to the new structures

If you've had negative experiences previously this can knock you

You haven't had the benefit of the learning to help the project succeed at the outset which you have at the end

My employer couldn't care less about what I did

It's less about the project than it is about the learning. It doesn't matter whether you achieve the objectives – that wasn't the point

It has to go along in parallel with what you do

The project wouldn't have been as good had I not been on the course

The learning from the programme affected more of our normal practice than specifically relating to the project

You shouldn't get the PIP out of proportion

The choice of project depends on who you are trying to convince. You might say that 'if you release me to go on this course, I'll deliver a project for you'

It depends on how you evaluate and capture success. The directly measurable bits may not come forward in as positive a light as they might if we see these in terms of leadership development

My organisation weren't interested in whether the project was successful or not

3.1.5 Future proofing and implications

Reflecting candidly on the whole process, respondents in the discussion group were then asked to identify the key learning points and messages that they would share with both next year's cohort of pharmacy leaders in this programme, and the Chief Pharmacist, Minister and other senior policy makers. The boxes on the following two pages provide an account of the suggestions that were made.

3.2 AREAS FOR FURTHER CONSIDERATION

Taking all of the information together, in our view there are three 'areas for further consideration' that the evidence points to. These are not formal recommendations but questions which may help to optimise the impact that the PIP, and the programme thereafter, is able to have for pharmacists, the RPS and NHS Wales.

3.2.1 Applying for the programme

In order to secure the right kinds of outcomes it is important to ensure that there is clarity about the objectives of the programme, the organisations supporting it and the individual pharmacists participating in it. There is scope for formalising the application processes to the programme in order to achieve this greater clarity, and in doing so more effectively ensure that the right individuals from the right organisations can benefit from the input. The following questions provide an insight into the kinds of areas that might be considered here:

- How well does the current application process function?
- What selection criteria are in place for accepting people onto the programme?

What key learning points and messages you would share with…

1. …next year's cohort of pharmacy leaders in this programme?

Be ambitious

Take it outside your comfort zone

Choose something that is practical, challenging and ambitious

Be open minded and think outside the box

Be open to ideas/comments. Focus may change but objectives can be achieved

Be cautious

Keep it manageable within your control

Keep it small – don't try and involve too many others

Choose something in line with your current work 'direction'

Make it part of your job

Choose something you would do anyway

Choose a project you have autonomy over

The difficulty is seeing where the project fits in with your leadership journey. This would make it worthwhile.

Wait before choosing a topic

Don't pick project too early – identify gaps in leadership skills and pick one which addresses those

In terms of choosing a project, wait until the course is further progressed and you know where your weaknesses are

Don't choose the project too soon. Ideas for PDP learning outcomes come first then pick a project that will achieve them as well as objectives for your organisation

See the project as a means to an end

Think of the project as a tool for your own development - not itself (what do I need to get out of this?)

The project isn't everything – it is a tool for putting things learned into practice

In deciding on a project, be clear about what you will benefit from in terms of leadership

The best bits were the fluffy bits which were the bits we were scared of at the beginning

Don't agonise over it

There is too much emphasis on the project at the beginning and that stressed everyone out – whose fault was this? Is this a function of timing – project comes to early/too late? How important is success in the project instrumental in achieving future funding?

Choose carefully but don't get hung up on it

Is it too soon to judge the overall impact?

It's difficult to measure patient impact – should we have a 'Service Impact Project'? Or just an 'Impact Project'?

What key learning points and messages you would share with…

2. …the Chief Pharmacy Officer, Minister and other senior policy makers?

Understand the impact that has been achieved

Find out about our projects

Projects and leadership skills that we learned will have tangible impacts

Patients we've dealt with have had a better experience

Keep an eye out for the progress of our projects

The impact of the project should not be the sole criteria for evaluating the worth of the overall programme – you need to see this in context and take the main messages forward

Value the contribution of pharmacists

How do we increase the pharmacy voice?

Have faith in pharmacy development – we've got evidence from the projects to prove that we can deliver

Recognise the benefits to patients from better pharmacy practice

Help to make the linkages with us

Value the personal development of potential leaders

The project is not the be all and end all of the course – qualitative improvements through learning (although not measurable) are important, and may be more important

Work with us to enhance the status of pharmacy

Recognise the fact that we are clinicians in our own right

Think about pharmacy in every development

Ask us where and how we can impact

Look at where we can take this work further

Identify projects that we can undertake that will help deliver broader leadership outcomes

- How would RPS deal with a situation where there are substantially more applicants than places available?
- How important is it to drive up the value of the programme's brand, and what role might better PR and advertising play in making this course a more prestigious development opportunity?
- Do you understand what is stopping pharmacists who might like to take part from making an application, and are you able to mitigate against any of these barriers?

3.2.2 Relationship between the participant and the organisation

Of crucial importance in maintaining good working relationships once individuals have been accepted onto the programme is an understanding between participants and their organisations. Evidence suggests that some respondents have found themselves on the course despite, rather than because of, their organisations, with a number pointing to the fact that their employer is unconcerned with the

outcomes from the PIP and their personal development. This is clearly not an optimal arrangement. In order to change this way of working to benefit of all parties involved, the following questions should be considered:

- How far are sponsoring organisations aware of the aims and objectives of the programme before participants are sent?
- To what extent is there a contract/compact between individuals, their organisations and RPS?
- How far up the management structure should there be 'buy-in' to the programme from the sponsoring organisation?
- Is there any exchange of information between RPS and the organisation about progress at any stage during the programme?
- How far is it possible for sponsoring organisations to influence the choice of PIP?
- How well aligned are PIPs with the sponsoring organisations strategic and delivery objectives and not just an interesting add-on to current practice? Whose responsibility is it to ensure that there is a match-up?
- Is there any form of 'celebration event' at the end of the programme to report on achievement to which senior managers and chief executives from sponsoring organisations could be invited? How influential could this type of event be, and would it be possible to make attendance a condition of acceptance on the programme?
- Whose responsibility is it to continue the personal development journey after the programme finishes? Is there clarity over respective roles for the individual, the sponsoring organisation and the RPS?

3.2.3 The role of the PIP in the programme overall

Finally, in terms of impact the role of the PIP in the programme is central. It offers the best opportunity for gathering measurable data on the impact that the pharmacists are able to achieve. However, during the course of discussions two very clear, and opposing, views were expressed. Some participants felt that the PIP was solely a means to an end, and whilst useful in providing a test bed for new approaches to pharmacy leadership, '*collecting evidence about the PIPs' outcomes is not especially important'*. On the other hand, a number of individuals noted that the PIP had given them additional credibility and validity in their professional life. This was based on their assertion that measurable outcomes from the PIP had provided them with information to support their claim that '*you can trust us because we've got the evidence that we can deliver'*. Reconciling these two viewpoints is of central importance in clarifying the role of the PIP within the programme, and clarifying the expectations of stakeholders without the programme. The following questions are pertinent here:

- How best is it possible to optimise the impact of the PIPs?
- How helpful would it be to clarify the overall role that the PIP plays in the programme?
- What are the expectations of those looking in on this programme around the PIP?
- Should the PIP be scheduled later in the programme to allow time for participants to 'bed-in' and use their new learning more effectively?
- How important is it that measurable changes are achieved within the timescale of the programme?

- How far should external partners like WAG be allowed to identify relevant topics for PIPs?

APPENDIX I | Questions asked in the online survey

Section 1: PATIENT IMPACT PROJECT (PIP)

1. To what extent does the summary above accurately reflect what has actually been delivered by your PIP? Please describe any changes in the box below.

2. What has been the impact of your project on patients? Please provide about 250 words in your response. When answering please consider the following: - How do patients flow through the system from community pharmacy, through primary care, and onto secondary and tertiary care? - Can you provide any evidence on how patient flow can be improved in relation to chronic disease management? - What evidence do you have to support the impact you've seen?

3. What has been the impact of the project on service provision for the organisation in terms of (a) waste, (b) harm, (c) unjustified variation, and (d) anything else?

4. Overall, in relation to your project, how strongly would you agree or disagree with the following statements? (Strongly agree; Tend to agree; Neither agree nor disagree; Tend to disagree; Strongly disagree)
    a. Having to complete the PIP as part of the programme was an integral part of my development as a leader
    b. I can draw direct links between the learning on the programme and the delivery of the PIP
    c. I would never have made the PIP work effectively without the learning from the programme

5. What is your ambition and intention for your project at this stage?

Section 2: OVERALL

6. From the experience of working on your project and trying to innovate and introduce service change, what have been the personal leadership challenges that you have encountered?

7. From working on your project please give specific examples of systemic leadership that you have encountered (a) in terms of challenges, and (b) in terms of opportunities?

8. For the profession to enhance its impact on service change and integration, and from your own leadership journey and this project, what would need to be addressed in terms of (a) harm, (b) waste, (c) variation, (d) your leadership and behaviour, and (e) anything else?

9. Please add anything else you'd like to say in the box below.

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